

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>	HL		4-4-01
<b>O.I.P.E. CLASSIFIER</b>		10	4-25-01
<b>FORMALITY REVIEW</b>	S.A	1081	05/01/01
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	10-7-02
2	10-7-02
3	10-7-02
4	10-7-02
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49	10-7-02
50	10-7-02

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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